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(approx. 4x5 cm.)

APPLICATION FORM

Please fill in and submit this application together with a country report in typewriting.
It is recommended to apply through the official channel.

TITLE Mr. SEX Male NAME (in capital letters)
 Ms. Female
 Mrs.
 Others (last) (first) (middle)
AGE yrs. POSITION

HOME ADDRESS:

.....
(number) (street) (city) (province/state) (zip code) (country)
TEL. (country code/ area code/ number):
FAX. (country code/ area code/ number):
E-mail:

NAME OF ORGANIZATION & ADDRESS:
.....
.....

TYPE OF ORGANIZATION: Governmental/ Public
 Private
 International
 Others

TEL. (country code/ area code/ number):
FAX. (country code/ area code/ number):
E-mail:

EDUCATION:

AREA OF EXPERIENCE:

DISABILITY Yes TYPE OF DISABILITY (Please specify).....

 No
 WHEELCHAIR/ASSISTIVE DEVICES: Have (Please specify).....
 None

DIETARY REQUIREMENT (If any):

I hereby certify that all the provided information is correct, accurate and complete to the best of my knowledge.

In the event that I suffer injury, illness or death during the course of my participation in the program/course, I shall hold the Royal Thai Government and/or the Industrial Rehabilitation Centre (IRC) harmless and without any liability whatsoever for compensation towards myself, my legal representatives and/or my heirs. Should I cause any person loss of property, injury, illness or death during the course of my participation in the program/course, I shall be fully responsible and liable for the said person without reference whatsoever to the Royal Thai Government and/or the IRC.

DATE	PRINTED NAME OF NOMINEE	SIGNATURE OF NOMINEE